

Individualized Support Plan Training

Division of Disability, Aging and
Rehabilitative Services

Bureau of Quality Improvement
Services

January 2003

Completed by:

Overview of Training

- Guidelines for Person Centered Planning Process
- General Guidelines for Development of the ISP
- Instructions for Completing the ISP
- Sample ISP
- Update on Consumer Guide
- Next Steps

Use of PCP process and ISP

- Pilot 10/1/01 through 3/31/02
- Input received during pilot and through the use of task group made up of all types of providers
- Surveyed providers following the pilot on the use of the ISP
- 460 IAC 7 establishes standards and requirements for the ISP
- Rule published in Indiana Register Nov. 1, 2002
- Public hearing November 25, 2002

Use of PCP process and ISP

- Final changes made based on hearings
- Anticipated effective date of ISP rule May 1, 2003

Relationship to Provider Standards

- ISP is the cornerstone of Provider Standards
- Provider monitoring will include review of the PCP process and completion and monitoring of the ISP.
- Fully promulgated Provider Standards 460 IAC 6 are available on the BQIS and BDDS web sites
<http://www.in.gov/fssa/servicedisabl/>

Continuing Changes

- The Rules for Provider Standards and the ISP will formalize the manner in which we do business
- Continue the shift from providing services to people to providing services that the individual desires
- Individuals/families direct the planning of services and supports

Hallmarks of the Person Centered Planning Process

- Focus on individual's preferences, dreams and needs
- Understanding of how the individual makes decisions
- Understanding of how the person is and can be productive
- Discovery of what the individual likes and dislikes

Hallmarks of the Person Centered Planning Process (cont.)

- Support for long term hopes and dreams
- ISP based on reasonable costs given needs
- Range of supports - funded and natural
- Evidence of responsibilities for the individual
- Occurs whenever needed and at least annually

Terminology

- Discovery Process
- Facilitator
- Natural Supports
- Support Team

Approaches/Tools of PCP Process

- Mapping, Personal Futures, PATH, Lifestyle Planning
- All have common beliefs but different practices
- Facilitator of PCP process - completion of approved approach/tool

14 Elements of PCP Process

1. There are five essential principles

- Community presence
- Community participation
- Choice
- Respect
- Competence

Elements of PCP Process (cont.)

2. Individual differences/differences in family dynamics and composition are respected and accepted
3. Individual defines what is meaningful
4. Opportunity to make informed choices
5. Choice among flexible and dependable services
6. Process builds upon individual's strengths, gifts, skills, talents and contributions

Elements of PCP Process (cont.)

7. Encourages building of community around individual
8. Individual fully and actively participates in making decisions
9. Solutions negotiated
10. Individual and family meet with providers to explore options to meet desired outcomes

Elements of PCP Process (cont.)

11. Resources based upon identified needs -
natural supports used first
12. Strategies/activities and resources support
outcomes identified by the individual
13. Dynamic process
14. Cultural background acknowledged and
valued

Tips to Support Effective Implementation of the Process

DISCOVER THE PERSON - 6 TIPS

1. Listen, acknowledge and discover personal goals, preferences, choices and abilities
2. Documentation of information gathered during the process
3. Individual determines who is involved

Tips to Support Implementation of the Process

DISCOVER THE PERSON- TIPS (cont.)

4. Existing supports identified are consistent with achieving outcomes
5. Can use other individuals as consultants - not a part of support team
6. Safety, health, rights and freedom from abuse, neglect and exploitation are dealt with

Tips to Support Implementation of the Process

SUPPORT PLAN - 3 TIPS

1. Identify natural supports and negotiate needed supports
2. Planning participants implement support strategies
3. Consider strategies to resolve conflict with the provider standards

Role of the Facilitator

- Plays a key role in discovering the individual's preferences
- Plays a key role in keeping the support team focused on those preferences

MONITORING THE QUALITY OF THE PCP PROCESS

- Quality is defined by the individual and reflected in the achievement of desired outcomes
- Case manager and BDDS service coordinator have primary responsibility in monitoring the process

Monitoring

- Surveys completed by BQIS staff
- 3 standardized survey tools based upon setting
- Surveys based upon adequacy of ISP and appropriate implementation of the ISP
- Surveys will include all providers in the ISP

Ready for ISP

- Vision of life has been discovered
- Information from PCP process documented
- Existing supports identified
- Health, safety, rights addressed
- ISP will identify needed additional supports

Completion of ISP

- Mandated format...
- Completed by...
- Due...



THE INDIVIDUALIZED SUPPORT PLAN

State Form ()

*THIS STATE AGENCY IS REQUIRING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER PER IC 4-1.8-1. THE INFORMATION OBTAINED ON THIS FORM IS CONFIDENTIAL UNDER STATE AND FEDERAL REGULATIONS. THIS INFORMATION WILL NOT BE RELEASED EXCEPT AS PERMITTED OR REQUIRED BY LAW OR WITH THE CONSENT OF THE APPLICANT.

Name of Individual _____ Social Security# _____

☐ Female ☐ Male

Name of Facilitator _____ Date of ISP _____

Medical Insurance _____

☐ Initial ☐ Revised

Individual's Personal and Demographic Information

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip _____

DOB _____ RID# _____ Legal Status + _____

Current Living Arrangement: _____

The individual is currently ☐ In School ☐ Employed ☐ Other (Specify _____)

Individual's Diagnosis

PRIMARY _____

SECONDARY _____

Individual's Emergency Contacts

Name _____

Phone # _____

Relationship _____

Address _____

Alternate contact method _____

❖ Attach Person Centered Planning Profile Information



THE INDIVIDUALIZED SUPPORT PLAN

State Form ()

Name of Individual _____

Date of Support Plan _____

Outcome towards which this Individualized Support Plan will work

Desired Outcome

Current Status

Past Experiences

| <u>Proposed Strategy/Activity</u> | <u>Responsible Party</u> | <u>Time Frame</u> | <u>Progress Note</u> |
|-----------------------------------|--------------------------|-------------------|----------------------|
| | | | |



THE INDIVIDUALIZED SUPPORT PLAN

State Form ()

Name of
Individual _____

Date of
Support Plan _____

Statement of Agreement

I have been involved in the development of my Individualized Support Plan and I agree with this Plan.

I know I can appeal to the DDARS if I disagree with how this plan is put into action.

Signed _____ Date _____
Individual for whom this plan was written *date signed*

Signed _____ Date _____
Guardian of Individual, if applicable *date signed*

Individualized Support Plan Participants

| Participant | Relationship | Date plan was sent | Sent via |
|-------------|--------------|--------------------|---|
| | | | <input type="checkbox"/> E-mail <input type="checkbox"/> Postal Mail <input type="checkbox"/> Telephone <input type="checkbox"/> In Person <input type="checkbox"/> Fax |



THE INDIVIDUALIZED SUPPORT PLAN

State Form ()

Name of Individual

Date of Support Plan

Meeting Issues and Requirements

Comments boxes will expand to accept text

The Individualized Support Plan team shall check any of the following Health and Behavioral Issues that may concern the individual and explain how they are met or addressed by this plan.

- ☐ If a Provider is needed to provide health and behavioral support (Name the provider responsible)
- ☐ Seizures, or History of Seizures
- ☐ Allergies, or History of Allergies
- ☐ Uses or Requires Dentures
- ☐ Chewing Difficulties
- ☐ Swallowing Difficulties
- ☐ Dining Difficulties

Comments

[illegible]



THE INDIVIDUALIZED SUPPORT PLAN

State Form ()

Name of
Individual _____

Date of
Support Plan _____

Meeting Issues and Requirements

Comments boxes will expand to accept text

The Individualized Support Plan Team must show which of the following Safety and Environmental Requirements have been met by this Plan, and how.

☐ If a Provider is needed to provide environmental and living arrangement support (Name provider responsible)

☐ Carbon Monoxide Detectors

☐ Smoke Detectors

☐ Emergency Phone Numbers

☐ Emergency Evacuation Routes and Plan

Comments

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THE INDIVIDUALIZED SUPPORT PLAN

State Form ()

Name of
Individual _____

Date of
Support Plan _____

Meeting Issues and Requirements

Comments boxes will expand to accept text

The Individualized Support Plan Team must show which of the following Provider Requirements have been met by this Plan, and how.

- ☐ 1st Case Manager contact after ISP implementation
- ☐ Frequency of Case Manager monitoring visits
- ☐ Maintaining individual's personal file (Name provider)
- ☐ Analyzing and updating of records (Frequency)
- ☐ Frequency at which Individual is informed of

Comments

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THE INDIVIDUALIZED SUPPORT PLAN

State Form ()

Name of Individual _____
Date of Support Plan _____

Optional Attachment: Resources

This individual is currently receiving funding support from the following sources:

☐ DFC ☐ BDDS ☐ DOE Wrap-Around ☐ Voc. Rehab. ☐ CHOICE ☐ Medicaid Waiver
If Individual is receiving Waiver funds, which Waiver? _____
☐ SSI ☐ SSDI ☐ Medicaid ☐ Medicare ☐ Trust Fund ☐ Employment Earnings

Other / Comments:

The team and the individual discussed funding support from the following sources:

☐ DFC ☐ BDDS ☐ DOE Wrap-Around ☐ Voc. Rehab. ☐ CHOICE ☐ All Medicaid Waivers
☐ SSI ☐ SSDI ☐ Medicaid ☐ Medicare ☐ Trust Fund ☐ Employment Earnings

Other / Comments:

This individual does not desire funding support from the following sources:

This individual has applied for funding support from the following sources:

This individual is currently on a waiting list for the following supports:



PCP PROFILE

NORM SAMPLE

Consumer Guide

- Attempted to make more user-friendly
- Incorporated Service Options (pages 4- 5)
- Updated resources

INFORMATION QUESTIONS/ISSUES

- Can obtain electronic versions of form and all other material reviewed today at <http://www.in.gov/fssa/servicedisabl>
- Ellen McClimans
(317) 234-2708
1-800-545-7763 EXT 2708
nmcclimans@fssa.state.in.us

NEXT STEPS

- Completion of training statewide by end of January
- Implement 5/1/03
- Question and answer document will come out
- Want feedback on process - technical amendments to the rule are always an option



Questions & Answers